



NEW PHOENIX AEROSPACE, INC

APPLICATION FOR EMPLOYMENT

New Phoenix Aerospace LLC

APPLICATION INFORMATION

This Company does not discriminate in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, or on the basis of age with respect to persons 18 years or older. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations.

This Company intends to check and hold you responsible for the accuracy of the statements you make on this application. This application will receive consideration for thirty (30) Days. If you have not heard from the Company within thirty days and wish to receive further consideration for employment, it will be necessary to complete another application form.

Applications received unsigned, incomplete, or after closing date may not be considered for employment. A separate application must be completed for each position. Signed resumes may be included as supplemental material, but are not generally accepted in lieu of completed application. Those applicants requiring reasonable accommodation to the applicant and/or interview process should notify a representative of the Human Resources Department.

AN EQUAL OPPORTUNITY EMPLOYER - APPLICANT - PLEASE COMPLETE ALL PAGES - PLEASE ATTACH A RESUME

PERSONAL DATA

Position Applied for:	Position No.
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LAST NAME	FIRST NAME	MIDDLE NAME	SSN *	TELEPHONE
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CURRENT ADDRESS – STREET	CITY	STATE
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Are you 18 years or older?	Applicant Address (Street, City, State, Zip)	Applicant Telephone Number
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Are you legally eligible for employment in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you serve in the U.S. Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a active reservist? Yes <input type="checkbox"/> No <input type="checkbox"/>
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What related training or skills do you have? (circle those applicable) Typing <input type="checkbox"/> Word-processing <input type="checkbox"/> Computer Hardware <input type="checkbox"/> Computer <input type="checkbox"/> Manufacturing Assembly <input type="checkbox"/> Other(specify)
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Have you ever been convicted or pleaded guilty to commission of a felony? (A conviction will not automatically disqualify you for consideration) <i>If yes, identify the charge, date and location</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
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Have you ever worked under another name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what Name:	Have you ever been granted a DoD Security clearance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you presently have any relatives working with NPA Yes <input type="checkbox"/> No X <input type="checkbox"/> If yes indicate name of relative
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Type of work you will accept.(Circle all that will apply) Regular Temporary Weekends Evenings Rotating/Split shift

Educational Data Employment

Type of School	NAME AND LOCATION OF SCHOOL	Major Subject or Course of Study	NO. OF YEARS COMPLETED	Degree/Diploma Received
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
GRADUATE SCHOOL				
MILITARY				

EMPLOYMENT HISTORY

NAME EMPLOYER	PHONE
ADDRESS	DATES OF EMPLOYMENT: FROM: TO
SUPERVISORS NAME	PAY RATE: STARTING: FINAL RATE:
JOB TITLE	REASON FOR LEAVING

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ADDRESS	DATES OF EMPLOYMENT: FROM: TO
SUPERVISORS NAME	PAY RATE: STARTING: FINAL RATE:
JOB TITLE	REASON FOR LEAVING

RESIDENCES PLEASE INDICATE YOUR RESIDENCES IN THE PAST FIVE (5) YEARS - USE ADDITIONAL SHEET IF NECESSARY

(1) FROM (YR)	TO (YR)	ADDRESS (STREET)	CITY	COUNTY
(2) FROM (YR)	TO (YR)	ADDRESS (STREET)	CITY	COUNTY

(3) FROM (YR)	TO (YR)	ADDRESS (STREET)	CITY	COUNTY
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List professional references who might verify you abilities, experience, and character

Name	Years known	Phone #
Name	Years known	Phone #
Name	Years known	Phone #

CERTIFICATION

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and are made in good faith. I understand that any false statements or information may be grounds for rejection of my application or dismissal if I am employed.

I also understand that as a condition of employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States. A background check of my driving, criminal, credit or other records may be conducted before employment. I permit employer to conduct a police check and court records investigation of my background if relevant to the job for which I am applying. In addition,

I hereby authorize any and all of my current and previous employers, including the U.S Government or U.S. Military (if approved by me in the Employment section) and other persons, registration and licensing boards, and educational institutes listed on my application, to provide employer with any job-related information requested.

I understand that applicants are required to pass a drug/Alcohol urinalysis test before employment in accordance with employer policy.

Applicants may have access to company confidential information regarding various phases of company business. The company follows the usual practice of requiring new employees, at the time of employment to sign an Employee Agreement to Assign Inventions and to Preserve Trade Secrets and/or Non disclosure agreement? The company may also require the new employee to sign a Conflict of Interest Agreement.

Applicants who have been employed by competitors may possess information concerning competitor operations, products, designs or other proprietary information. The company respects duty of loyalty and will not solicit from an applicant for employment or from the company's employees such information. The employer will honor any valid post employment restrictions contained in an applicant's employment contract.

I authorize both current and former employers, firm or corporation that I have referenced on this application for employment to give any information or answer all questions concerning my ability, work, or character, in connection with this application, and agree to hold all such persons harmless for such information they may provide. There is and will not be express or implied covenant of continued employment by the company, and if I am discharged, cause for my discharge need not be shown.

I understand that an appropriate background investigation, physical examination (if required), drug test, and employment check verification must be passed before employment can be secured.

I certify that I have read and fully understand the foregoing, and that all entries made on this application form is true to the best of my knowledge.

Signature	Date
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- *Disclosure of the Social Security number is voluntary unless and until an offer of employment is made and accepted. If supplied, the Social Security number will be used in tracking applicant information*

When Complete Return

Via Email jobs@npaero.com

Via Fax 919 380 8501

Via US Mail:

**New Phoenix Aerospace
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Morrisville NC 27560
www.npaero.com**